\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ALLEGANY	Aetna Medicare	Aetna Golden Choice Regional Value Plan						1 1	\$89.00	\$31.13							85	
ALLEGANT	Aetila Medicare	Aetna Golden Choice Regional Standard			•			$\vdash$	\$69.00	φ31.13		•		•			65	•
		Plan						1 1	\$99.00	\$41.82							85	
		Aetna Golden Choice Regional Premier							φου.σσ	ψ11.0 <u>2</u>							- 00	
		Plan			•			1 1	\$149.00	\$57.36	•			•	•		97	•
ANNE ARUNDEL	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-								
		Aetna Golden Medicare Basic Plar	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Value Plan Aetna Golden Choice Value Plan							\$89.00 \$89.00	\$31.13 \$31.13			•	•			85 85	•
		Aetna Golden Choice Regional Standard		·				₩	\$69.00	φ31.13				•			65	•
		Plan						1 1	\$99.00	\$41.82					١.		85	
		Aetna Golden Choice Standard Plar		•	· ·			1	\$99.00	\$41.82	-			•	•		85	•
		Aetna Golden Choice Premier Plan							\$149.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Premier Plan							\$149.00	\$57.36				•			97	•
	Care Improvement Plus	Silver Plan	•						\$33.23	\$33.23	•			•			95	•
		Gold Plan	•						\$83.00	\$33.23	•			•			95	•
		Platinum Plan	•						\$163.00	\$33.23	•			•			95	•
	Elder Health Mid-Atlantic, Inc.	Elder Health	•					igsquare	\$0.00	\$0.00	•			•			94	•
		Elder Health Choice	•					<b>—</b>	\$0.00	\$0.00	•			•			94	•
		Elder Health Select Elder Health Plus	•					-	\$33.46 \$35.00	\$33.46 \$0.00			•				94 94	•
		Kaiser Permanente Medicare Plus Basic	•					₩	\$35.00	\$0.00	•			•			94	•
	Kaiser Permanente Medicare Plus	w/D  Kaiser Permanente Medicare Plus Basic no					•	igsquare	\$45.00	\$16.64	•			•			72	•
		D D					•	$\sqcup$	\$45.00	-								
		Kaiser Permanente Medicare Plus Std w/D Kaiser Permanente Medicare Plus High					•	$\sqcup$	\$49.00	\$16.64	•			•			72	•
		w/D					•	igsquare	\$79.00	\$26.07	•			•	•		72	•
	United Healthcare Insurance Compar	y Evercare Plan IP							\$30.29	\$30.29	•			•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description									Cost				Cove	erage		Convenience
			M	Type of Medicare Advantage Plan							D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BALTIMORE	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-								i '
		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Value Plan							\$89.00	\$31.13							85	•
		Aetna Golden Choice Value Plan		•					\$89.00	\$31.13			•	•			85	•
		Aetna Golden Choice Regional Standard Plan							\$99.00	\$41.82							85	
		Aetna Golden Choice Standard Plar		•					\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Premier Plan		•					\$149.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Premier Plan							\$149.00	\$57.36							97	•
	Care Improvement Plus	Silver Plan	•						\$33.23	\$33.23	•			•			95	•
		Gold Plan	•						\$83.00	\$33.23	•			•			95	•
		Platinum Plan	•						\$163.00	\$33.23	•			•			95	•
	Elder Health Mid-Atlantic, Inc.	Elder Health	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Choice	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Select	•						\$33.46	\$33.46			•				94	•
		Elder Health Plus	•						\$35.00	\$0.00	•			•			94	•
	Kaiser Permanente Medicare Plus	Kaiser Permanente Medicare Plus Basic w/D							\$45.00	\$16.64							72	
		Kaiser Permanente Medicare Plus Basic no D					•		\$45.00	-								
		Kaiser Permanente Medicare Plus Std w/D					•		\$49.00	\$16.64	•			•			72	•
		Kaiser Permanente Medicare Plus High w/D							\$79.00	\$26.07	•			•	•		72	•
	United Healthcare Insurance Company	Evercare Plan IP							\$30.29	\$30.29	•						97	•
		Erickson Advantage No Rx						•	\$90.00	-								<u> </u>
		Erickson Advantage							\$135.00	\$45.00	•			•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description							,		Cost		<u> </u>			erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduct	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BALTIMORE CITY	Aetna Medicare	Aetna Golden Medicare Metro Value Plan Aetna Golden Medicare Metro Standard	•						\$0.00	-								
		Plan							\$0.00	\$0.00					l .		85	
		Aetna Golden Medicare Premier Plan	•						\$25.00	\$25.00	•			•	•		97	•
		Aetna Golden Choice Metro Value Plar	_	•					\$59.00	\$31.13	•		•	•	1		85	•
		Aetna Golden Choice Metro Standard Plan							\$79.00	\$41.82			-				85	•
<u> </u>		Aetna Golden Choice Regional Value Plan			•	<u> </u>	<u> </u>		\$89.00	\$31.13		•		•	<u> </u>		85	•
		Aetna Golden Choice Regional Standard Plan			١.				\$99.00	\$41.82	١.						85	
		Aetna Golden Choice Premier Plan		•	•				\$99.00	\$57.36	•			•	·		97	•
		Aetna Golden Choice Regional Premier																
-	Care Improvement Dive	Plan			•	1	<u> </u>		\$149.00	\$57.36	•			•	•		97	•
-	Care Improvement Plus	Silver Plan Gold Plan	•			<u> </u>	1		\$33.23 \$83.00	\$33.23 \$33.23	•			•	-		95 95	•
		Platinum Plan	•				<u> </u>		\$83.00 \$163.00	\$33.23	· ·			•	<u> </u>		95 95	•
	Elder Health Mid-Atlantic, Inc.	Elder Health	÷				1		\$0.00	\$0.00	•			<u> </u>	1		94	•
	Elder Health Mid-Atlantic, Inc.	Elder Health Choice	•						\$0.00	\$0.00	•			-			94	•
		Elder Health Select	•						\$33.46	\$33.46	·		•	•			94	-
		Elder Health Plus	•				<b>†</b>		\$35.00	\$0.00	•						94	
	Kaiser Permanente Medicare Plus	Kaiser Permanente Medicare Plus Basic w/D							\$45.00	\$16.64							72	
	ivalser i ermanente wedicare i ius	Kaiser Permanente Medicare Plus Basic no					i.		\$45.00	-							12	·
		Kaiser Permanente Medicare Plus Std w/D							\$49.00	\$16.64							72	
		Kaiser Permanente Medicare Plus High w/D							\$79.00	\$26.07							72	
	United Healthcare Insurance Company	Evercare Plan IP							\$30.29	\$30.29							97	•
CALVERT	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-								
		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Value Plan							\$89.00	\$31.13							85	
		Aetna Golden Choice Value Plan		•	· ·	<b>†</b>			\$89.00	\$31.13			•	•	1		85	•
		Aetna Golden Choice Regional Standard							\$99.00	\$41.82							85	
<del>                                     </del>	<u> </u>	Aetna Golden Choice Standard Plar		•	<u> </u>	1	<del>                                     </del>		\$99.00	\$41.82	•			<u> </u>	•		85	•
-		Aetna Golden Choice Standard Flan Aetna Golden Choice Premier Plan		÷		<del>                                     </del>	<del>                                     </del>		\$149.00	\$57.36	· ·			•	•		97	·
		Aetna Golden Choice Regional Premier																-
		Plan Kaiser Permanente Medicare Plus Basic			•				\$149.00	\$57.36	•			•	•		97	•
	Kaiser Permanente Medicare Plus	w/D					•		\$45.00	\$16.64	•			•			72	•
		Kaiser Permanente Medicare Plus Basic no D							\$45.00	-								
		Kaiser Permanente Medicare Plus Std w/D							\$49.00	\$16.64				•			72	•
		Kaiser Permanente Medicare Plus High							<b>ATO 00</b>	***								
		w/D					•		\$79.00	\$26.07	•			•	•		72	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description						9			Cost		-,			erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CAROLINE	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13				•			85	•
		Aetna Golden Choice Regional Standard Plan			١.				\$99.00	\$41.82							85	
		Aetna Golden Choice Regional Premier									Ť			•				·
		Plan			•				\$149.00	\$57.36	•			•	•		97	•
CARROLL	Aetna Medicare	Aetna Golden Choice Regional Value Plan Aetna Golden Choice Regional Standard			•				\$89.00	\$31.13		•		•			85	•
		Plan			•				\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Regional Premier Plan							\$149.00	\$57.36							97	
	Care Improvement Plus	Silver Plan	•						\$33.23	\$33.23	<del></del>			•	<u> </u>		95	·
		Gold Plan	٠						\$83.00	\$33.23	•			•			95	•
		Platinum Plan Kaiser Permanente Medicare Plus Basic	•			<u> </u>			\$163.00	\$33.23	•			•			95	•
	Kaiser Permanente Medicare Plus	w/D					•		\$45.00	\$16.64	•			•			72	•
		Kaiser Permanente Medicare Plus Basic no D							\$45.00	-								
		Kaiser Permanente Medicare Plus Std w/D							\$49.00	\$16.64				•			72	•
		Kaiser Permanente Medicare Plus High w/D					•		\$79.00	\$26.07					•		72	
	United Healthcare Insurance Company	Evercare Plan IP							\$30.29	\$30.29				•			97	•
CECIL	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13				•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82				•	•		85	•
		Aetna Golden Choice Regional Premier Plan							\$149.00	\$57.36							97	
CHARLES	Aetna Medicare	Aetna Golden Medicare Value Plan	٠						\$0.00	-				-				
		Aetna Golden Medicare Basic Plan	٠						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan Aetna Golden Medicare Premier Plan	•			1			\$35.00 \$85.00	\$35.00 \$57.36	•			•	•		85 97	•
		Aetna Golden Choice Regional Value Plan Aetna Golden Choice Value Plan		•	•				\$89.00 \$89.00	\$31.13 \$31.13		•		•			85 85	
		Aetna Golden Choice Regional Standard																
		Plan Aetna Golden Choice Standard Plar			•	-	<u> </u>		\$99.00 \$99.00	\$41.82 \$41.82	•			•	•		85 85	•
		Aetna Golden Choice Standard Plan Aetna Golden Choice Premier Plan				<del>                                     </del>			\$149.00	\$57.36	-:	1		•	•		97	•
		Aetna Golden Choice Regional Premier Plan							\$149.00	\$57.36							97	
	W	Kaiser Permanente Medicare Plus Basic					Ì										=0	
	Kaiser Permanente Medicare Plus	w/D Kaiser Permanente Medicare Plus Basic no					•		\$45.00	\$16.64	•			•			72	•
		D					•		\$45.00	*								
		Kaiser Permanente Medicare Plus Std w/D Kaiser Permanente Medicare Plus High		-			•		\$49.00	\$16.64	•			•			72	•
		w/D					•		\$79.00	\$26.07	•			•	•		72	•
	United Healthcare Insurance Company	Evercare Plan IP		•			<u> </u>		\$30.29	\$30.29				•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description						J	,	<u> </u>	Cost		,		Cove	erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DORCHESTER	Aetna Medicare	Aetna Golden Choice Regional Value Plan							\$89.00	\$31.13							85	
DORCHESTER	Aetila Medicale	Aetna Golden Choice Regional Standard			•				\$69.00	φ31.13		•		•			65	
		Plan							\$99.00	\$41.82	•						85	•
		Aetna Golden Choice Regional Premier							400.00	*								
		Plan			•				\$149.00	\$57.36	•			•	•		97	•
FREDERICK	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-								
		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13				•			85	•
		Aetna Golden Choice Value Plan		•					\$89.00	\$31.13			•	•			85	•
		Aetna Golden Choice Regional Standard																1 '
		Plan Aetna Golden Choice Standard Plar		•	•				\$99.00 \$99.00	\$41.82 \$41.82	•			•	•		85 85	•
		Aetna Golden Choice Standard Plan  Aetna Golden Choice Premier Plan		-					\$149.00	\$57.36	•			•	<u> </u>		97	•
		Aetna Golden Choice Regional Premier		•					\$149.00	φ57.30	•			•	•		91	
		Plan							\$149.00	\$57.36	•						97	
	Kaiser Permanente Medicare Plus	Kaiser Permanente Medicare Plus Basic w/D							\$45.00	\$16.64							72	
	reaser i emanente wedicare i las	Kaiser Permanente Medicare Plus Basic no					Ť		φ+0.00	ψ10.04							,,,	
		D					•		\$45.00	-								
		Kaiser Permanente Medicare Plus Std w/D					•		\$49.00	\$16.64	•			•			72	•
		Kaiser Permanente Medicare Plus High w/D					•		\$79.00	\$26.07				•			72	•
_	United Healthcare Insurance Company	Evercare Plan IP							\$30.29	\$30.29	•		-	•	_		97	•
GARRETT	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13				•			85	•
		Aetna Golden Choice Regional Standard Plan							\$99.00	\$41.82				•			85	•
		Aetna Golden Choice Regional Premier Plan			•				\$149.00	\$57.36				•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	omiacio, piane apprevea a	Description	uiu u	000 11	0110110	001710	) <u> </u>	garni			Cost	od pidin	3, 01 110	0. 00001		erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Type of Coverage	Additional Offered in verage Gap		
County HARFORD	Organization Name Aetna Medicare	Plan Name Aetna Golden Medicare Value Plan	<u>нмо</u>	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium) \$0.00	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Value Plan		•					\$89.00	\$31.13			•	•			85	•
		Aetna Golden Choice Regional Standard Plan			•				\$99.00	\$41.82				•	•		85	•
		Aetna Golden Choice Standard Plar		•					\$99.00	\$41.82	•			•	•		85	•
-		Aetna Golden Choice Premier Plan Aetna Golden Choice Regional Premier		•		<b> </b>	1		\$149.00	\$57.36	•	}		•	•		97	•
		Plan			•				\$149.00	\$57.36							97	
	Care Improvement Plus	Silver Plan	•						\$33.23	\$33.23	•	1		•			95	•
		Gold Plan	•						\$83.00	\$33.23	•	İ		•			95	•
		Platinum Plan	•						\$163.00	\$33.23	•			•			95	•
	Elder Health Mid-Atlantic, Inc.	Elder Health	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Choice	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Select	•	<u> </u>			<u> </u>		\$33.46	\$33.46			•				94	•
		Elder Health Plus  Kaiser Permanente Medicare Plus Basic	•						\$35.00	\$0.00	•			•			94	•
	Kaiser Permanente Medicare Plus	w/D					١.		\$45.00	\$16.64							72	
	italsel i elifialiente wedicare i ius	Kaiser Permanente Medicare Plus Basic no					<del>-</del>		Ψ43.00	ψ10.04	i i			-			12	•
		D					•		\$45.00	-								
		Kaiser Permanente Medicare Plus Std w/D							\$49.00	\$16.64							72	•
		Kaiser Permanente Medicare Plus High w/D							\$79.00	\$26.07							72	•
HOWARD	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-								
		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13				•			85	•
		Aetna Golden Choice Value Plan		•					\$89.00	\$31.13			•	•			85	•
İ		Aetna Golden Choice Regional Standard Plan						l	\$99.00	\$41.82		1		[			85	
<u> </u>		Aetna Golden Choice Standard Plar			•	1	-		\$99.00 \$99.00	\$41.82 \$41.82	<u> </u>			•	•		85 85	:
<u> </u>	1	Aetna Golden Choice Premier Plan		-		<del>                                     </del>	<b>†</b>		\$149.00	\$57.36	<u> </u>	<del>                                     </del>		•			97	•
		Aetna Golden Choice Regional Premier Plan							\$149.00	\$57.36							97	
	Care Improvement Plus	Silver Plan	•	<b>†</b>		<b>†</b>	<b>1</b>		\$33.23	\$33.23	·			•			95	•
		Gold Plan	•	l		1			\$83.00	\$33.23	•	1		•			95	•
		Platinum Plan	•						\$163.00	\$33.23	•			•			95	•
	Elder Health Mid-Atlantic, Inc.	Elder Health	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Choice	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Select	•	<b>_</b>		<b></b>	<u> </u>		\$33.46	\$33.46	<u> </u>	ļ	•	_			94	•
-	+	Elder Health Plus  Kaiser Permanente Medicare Plus Basic	•	<b> </b>		<b> </b>	<b>-</b>		\$35.00	\$0.00	•	<b> </b>		•	-		94	•
	Kaiser Permanente Medicare Plus	w/D							\$45.00	\$16.64				•			72	•
		Kaiser Permanente Medicare Plus Basic no D							\$45.00	-								
		Kaiser Permanente Medicare Plus Std w/D							\$49.00	\$16.64				•			72	•
		Kaiser Permanente Medicare Plus High w/D							\$79.00	\$26.07				•			72	•
	United Healthcare Insurance Company	y Evercare Plan IP							\$30.29	\$30.29				•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost					erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо		Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
KENT	Aetna Medicare	Aetna Golden Choice Regional Value Plan						1 ,	\$89.00	\$31.13							85	•
ICLIVI	Actifa Wedicare	Aetna Golden Choice Regional Standard						1	Ψ03.00	ψ51.15		-		<u> </u>			- 03	
		Plan						1 1	\$99.00	\$41.82							85	•
		Aetna Golden Choice Regional Premier							Ψ00.00	ψ11.0 <u>2</u>							- 55	
		Plan			•			1 1	\$149.00	\$57.36	•			•	•		97	•
														1				
	United Healthcare Insurance Company			•					\$30.29	\$30.29	•			•			97	•
MONTGOMERY	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-								
		Aetna Golden Medicare Basic Plar	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Medicare Premier Plan	•						\$85.00	\$57.36	•			•	•		97	•
								1 1	***	204.40							0.5	
		Aetna Golden Choice Regional Value Plan Aetna Golden Choice Value Plan			•			-	\$89.00	\$31.13		•		•			85 85	•
		Aetna Golden Choice Value Plan  Aetna Golden Choice Regional Standard		•	<u> </u>			$\vdash$	\$89.00	\$31.13		<u> </u>	•	•			85	•
		Plan						1 1	\$99.00	\$41.82					_		85	•
		Aetna Golden Choice Standard Plar		•	•			$\vdash$	\$99.00	\$41.82	•			-:-	•		85	<del>- :</del>
		Aetna Golden Choice Premier Plan		•				$\vdash$	\$149.00	\$57.36	•			•	•		97	•
		Aetna Golden Choice Regional Premier			1				ψ1.10.00	ψ07.00		1					0.	
		Plan						1 1	\$149.00	\$57.36				•	•		97	•
	Care Improvement Plus	Silver Plan	•						\$33.23	\$33.23	•			•			95	•
		Gold Plan	•		1				\$83.00	\$33.23	•			•			95	•
		Platinum Plan	•						\$163.00	\$33.23	•			•			95	•
	Elder Health Mid-Atlantic, Inc.	Elder Health	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Choice	•						\$0.00	\$0.00	•			•			94	•
		Elder Health Select	•						\$33.46	\$33.46			•				94	•
		Elder Health Plus	•						\$35.00	\$0.00	•			•			94	•
		Kaiser Permanente Medicare Plus Basic						1 1										
	Kaiser Permanente Medicare Plus	w/D					•	<b>—</b>	\$45.00	\$16.64	•			•			72	•
		Kaiser Permanente Medicare Plus Basic no							\$45.00	_								
-		U		1	<b> </b>		•	$\vdash$	\$45.00	<del>-</del>		<b> </b>		1		<del>                                     </del>	-	
1		Kaiser Permanente Medicare Plus Std w/D							\$49.00	\$16.64							72	•
		Kaiser Permanente Medicare Plus Sid W/D		1	1		•	$\vdash \vdash$	φ48.00	φ10.0 <del>4</del>	<u> </u>	1		<del>                                     </del>			12	•
		w/D							\$79.00	\$26.07							72	
				1	1		Ť		ψ10.00	Ψ20.07		1		<u> </u>			'-	
	United Healthcare Insurance Company	Evercare Plan IP		•					\$30.29	\$30.29	•			•			97	•
		Erickson Advantage No Rx							\$90.00	-								
		Erickson Advantage						.	\$135.00	\$45.00				•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	morado do	macto, plane approved ac	Description Description	utu u	000 11	00000	011710	, E 0.	garni	ationo, on		Cost	od pidile	, 01 110	0. 000.1		erage		Convenience
County   C				M			Plan					D	rug Deduct	ible		Coverage	Offered in		
Activa Medicare   Activa Medicare State Pran		Organization Name	Plan Name	нмо			Fee-for-			Total Premium* (Including Drug	Drug	Zero	Reduced		Tiered Copay- ments for		and	Top 100 Drugs on	Mail Order Offered
Antition   Antition		Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	-								
Aeria Golden Medicare Piten  Aeria Golden Choice Regional Value Piten  Aeria Golden Choice Regional Value Piten  Aeria Golden Choice Value Piten  Aeria Golden Choice Value Piten  Aeria Golden Choice Value Piten  Aeria Golden Choice Value Piten  Aeria Golden Choice Value Piten  Aeria Golden Choice Value Piten  Aeria Golden Choice Value Piten  Aeria Golden Choice Value Piten  Aeria Golden Choice Value Piten  Aeria Golden Choice Starter Piten  Aeria Golden Choice Starter Piten  Aeria Golden Choice Starter Piten  Aeria Golden Choice Regional Pitener  Piten  Aeria Golden Choice Regional Pitener  Piten  Cate Improvement Pites  Gold Piten  Sher Piten  Gold Piten  Shall S			Aetna Golden Medicare Basic Plan							\$0.00	\$0.00	•			•			85	•
Aetra Golden Choice Regional Value Plan			Aetna Golden Medicare Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
Arma Golden Choice Value Plan Arma Golden Choice Regional Brondard Arma Golden Choice Regional Brondard Arma Golden Choice Standard Plan Arma Golden Choice Standard Plan Arma Golden Choice Standard Plan Arma Golden Choice Standard Plan Arma Golden Choice Standard Plan Arma Golden Choice Standard Plan Arma Golden Choice Regional Premier Plan Care Improvement Plus Silver Plan  Gold Pl			Aetna Golden Medicare Premier Plan							\$85.00	\$57.36				•			97	•
Arma Golden Choice Value Plan Arma Golden Choice Regional Brondard Arma Golden Choice Regional Brondard Arma Golden Choice Standard Plan Arma Golden Choice Standard Plan Arma Golden Choice Standard Plan Arma Golden Choice Standard Plan Arma Golden Choice Standard Plan Arma Golden Choice Standard Plan Arma Golden Choice Regional Premier Plan Care Improvement Plus Silver Plan  Gold Pl			Aetna Golden Choice Regional Value Plan							\$89.00	\$31.13				•			85	•
Antina Golden Choice Regional Standard																			
Astra Golden Choice Standard Plan  Astra Golden Choice Standard Plan  Astra Golden Choice Premier Plan  Astra Golden Choice Premier Plan  Astra Golden Choice Regional Premier Plan  Care Improvement Plus  Silver Plan  Gold Plan  Gold Plan  Platinum Plan  Platinum Plan  Platinum Plan  Stasso  St			Aetna Golden Choice Regional Standard																
Aetna Golden Choice Premier Plan Aetna Golden Choice Regional Premier Plan Aetna Golden Choice Regional Premier Aetna Golden Choice Regional Premier Aetna Golden Choice Regional Premier Aetna Golden Choice Regional Value Plan S149,00 S57,36 Aetna Modicare S149,00 S57,36 Aetna Modicare S149,00 S57,36 Aetna Modicare Plus S149,00 S57,36 Aetna Modicare Plus S149,00 S57,36 Aetna Modicare Plus S149,00 S57,36 Aetna Modicare Plus S149,00 S57,36 Aetna Modicare Plus S149,00 S57,36 Aetna Modicare Plus S149,00 S57,36 Aetna Modicare Plus S33,23 Aetna Modicare Plus S160,00 S33,23 Aetna Modicare Plus S160,00 S33,23 Aetna Modicare Plus S160,00 S33,23 Aetna Modicare Plus S160,00 S33,23 Aetna Modicare Plus S160,00 S160,00 Aetna Modicare Plus S160,00 S16,64 Aetna Modicare Plus S180,00 S16,64 Aetna Modicare Plus S180,00 S16,64 Aetna Modicare Plus High Aetna Modicare Plus Inligh Aetna Modicare Plus Inligh Aetna Modicare Plus Inligh Aetna Modicare Aetna Golden Choice Regional Value Plan Aetna Golden Choice Region																			
Anta Golden Choice Regional Premier															_				
Care Improvement Plus   Silver Plan   Silv			Aetna Golden Choice Regional Premier		Ť														
Section   Sect						•										•			
Platinum Plan   \$163.00   \$33.23		Care Improvement Plus		•								•			•				•
Elder Health Mid-Atlantic, Inc.   Elder Health			Gold Plan	•						\$83.00		•			•				•
Elder Health Choice   \$0.00 \$0.00 • • 94 •			Platinum Plan	•						\$163.00	\$33.23	•			•			95	•
Elder Health Select		Elder Health Mid-Atlantic, Inc.	Elder Health	•						\$0.00	\$0.00	•			•			94	•
Elder Health Plus			Elder Health Choice	•						\$0.00	\$0.00	•			•			94	•
Kaiser Permanente Medicare Plus   Kaiser Permanente Medicare Plus Basic   WD   S45.00   \$16.64   •   72   •			Elder Health Select	•						\$33.46	\$33.46			•				94	•
Kaiser Permanente Medicare Plus   W/D				•						\$35.00	\$0.00	•			•			94	•
D   S45.00 -   S45.00 -     S		Kaiser Permanente Medicare Plus	w/D					•		\$45.00	\$16.64	•			•			72	•
Kaiser Permanente Medicare Plus High			Kaiser Permanente Medicare Plus Basic no D					•		\$45.00	-								
W/D										\$49.00	\$16.64				•			72	•
Erickson Advantage No Rx								•		\$79.00	\$26.07				•			72	•
Erickson Advantage No Rx		United Healthcare Insurance Company	Evercare Plan IP												•				•
Erickson Advantage																			
QUEEN ANNES Aetna Medicare Aetna Golden Choice Regional Value Plan S89.00 \$31.13 • 85 • Aetna Golden Choice Regional Standard Plan S99.00 \$41.82 • 85 • Aetna Golden Choice Regional Premier			_								\$45.00							97	
Aetna Golden Choice Regional Standard Plan Plan Aetna Golden Choice Regional Premier  \$99.00 \$41.82 • • 85 •	QUEEN ANNES	Aetna Medicare	_																
Aetna Golden Choice Regional Premier			Aetna Golden Choice Regional Standard																
Froit \$149.00 \$57.50 * \$97 *			Aetna Golden Choice Regional Premier												-				
United Healthcare Insurance Company Evercare Plan IP  • \$30.29 \$30.29 • • 97 •		Heiser d Heelikh eens besonnen o				•										<u> </u>			

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SOMERSET	Aetna Medicare	Aetna Golden Choice Regional Value Plan							\$89.00	\$31.13							85	
		Aetna Golden Choice Regional Standard Plan							\$99.00	\$41.82							85	
		Aetna Golden Choice Regional Premier Plan							\$149.00	\$57.36	•						97	•
ST. MARYS	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Regional Standard Plan							\$99.00	\$41.82	•			•	•		85	•
		Aetna Golden Choice Regional Premier Plan							\$149.00	\$57.36	•			•	•		97	•
TALBOT	Aetna Medicare	Aetna Golden Choice Regional Value Plan Aetna Golden Choice Regional Standard							\$89.00	\$31.13		•		•			85	•
		Plan Aetna Golden Choice Regional Premier			•				\$99.00	\$41.82	•			•	•		85	•
	United Healthcare Insurance Company	Plan  Evercare Plan IP			•				\$149.00 \$30.29	\$57.36 \$30.29	•				•		97 97	•
WASHINGTON	Aetna Medicare	Aetna Golden Choice Regional Value Plan							\$89.00	\$31.13		•		•			85	•
		Aetna Golden Choice Regional Standard Plan							\$99.00	\$41.82	•			•			85	•
	O a super Haritana a Bias at	Aetna Golden Choice Regional Premier Plan							\$149.00 \$0.00	\$57.36	•						97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2 SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	United Healthcare Insurance Company	Evercare Plan IP							\$30.29	\$30.29	•			•			97	•
WICOMICO	Aetna Medicare	Aetna Golden Choice Regional Value Plan			•				\$89.00	\$31.13		•					85	•
		Aetna Golden Choice Regional Standard Plan Aetna Golden Choice Regional Premier							\$99.00	\$41.82	•			•	•		85	•
		Plan			•				\$149.00	\$57.36	•				•		97	•
WORCESTER	Aetna Medicare	Aetna Golden Choice Regional Value Plan Aetna Golden Choice Regional Standard			•				\$89.00	\$31.13		•		•			85	•
		Plan  Aetna Golden Choice Regional Premier							\$99.00	\$41.82	•			•	•		85	•
ĺ		Plan							\$149.00	\$57.36	•			•			97	•